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Application Number	
Filing Date	
First Named Inventor	Dmitry Dmitrievich GENKIN
Title	Method for treating diseases associated
Art Unit	
Examiner Name	
Attorney Docket Number	06-1663

I hereby revoke all previous powers of attorney given in the above-identified application.

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Name	Registration Number
John D. Gugliotta	36538

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	SEE ATTACHED	Date	
Name	Dmitry Dmitrievich GENKIN	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ *Total of 3 forms are submitted.

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Application Number	
Filing Date	
First Named Inventor	Dmitry Dmitrievich GENKIN
Title	Method for treating diseases associated
Art Unit	
Examiner Name	
Attorney Docket Number	06-1653

I hereby revoke all previous powers of attorney given in the above-identified application.

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Address	137 S Main Street, Ste. 202				
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Country	US				
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I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	01.11.06
Name	Dmitry Dmitrievich GENKIN	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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